

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Burman House

Mill Road, Terrington St John, Wisbech, PE14
7SF

Tel: 01945880464

Date of Inspection: 18 March 2015

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2015

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Management of medicines

✘ Enforcement action
taken

Details about this location

Registered Provider	Norse Care (Services) Limited
Registered Manager	Ms Chris (Sylvia) Baker-Jallow
Overview of the service	Burman House provides accommodation and support for up to 32 older people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Burman House had taken action to meet the following essential standards:

- Management of medicines

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 March 2015, observed how people were being cared for and talked with staff. We were accompanied by a pharmacist.

What people told us and what we found

At this inspection, our medicine management inspector assessed if people's medicines were being managed safely and if arrangements were in place to protect people against the risks associated with the unsafe use and management of medication. This follows our previous inspection in October 2014 when we identified shortfalls in the way people's medicines were being managed that had placed them at risk.

We looked at how information in medication administration records supported the safe handling of their medicines. Overall improvements were found in the quality of record-keeping that enabled people's medicines to be accounted for, which assured us they were being administered as prescribed. However, we found a number of medicines that had not recently been administered because they had been unavailable at the home and had not been obtained. We noted there to be improvement in the information available about people's medicines for staff to refer to when administering them their medicines. Although, we also noted that some risk assessments about people's medicine administration were in need of more frequent reviews. We noted that staff handling and administering people's medicines had received training and had been assessed as competent to undertake medicine related tasks.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have taken enforcement action against Burman House to protect the health, safety and welfare of people using this service.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Management of medicines

✘ Enforcement action taken

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

The service did not protect people against the risks associated with the unsafe use and management of medication by way of appropriate arrangements for the obtaining, recording, using and administration of medicines.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

During the inspection our medicine management inspector looked at how information in medication administration records for people living in the service supported the safe handling of their medicines. We conducted an audit of medicines which considered medication records against quantities of medicines available for administration. We noted there was a system in place to enable medicines to be accounted for. We were able to account for medicines we looked at and identified only minor discrepancies. We noted few gaps in records of medicine administration and we also noted that records were completed when medicines prescribed with variable doses such as 'one or two tablets' were administered.

Overall, there were improvements in record-keeping about medicines and we noted there were frequent audits in place to assure their quality. Where people were not administered their medicines because, for example, they were still asleep in the mornings we found evidence that staff had taken necessary action to ensure doses of medicines were given later. However, we noted a number of medicines that had not been administered because they were unavailable as they had not been obtained. This placed the health and welfare of these people at risk. For example, one person had not received a cardiovascular medicine because it had not been available for a period of 6 days prior to the day of our inspection.

We looked for supporting information available alongside medication administration record charts to assist staff when administering medicines to individual people. We noted there was personal identification and information about known allergies and medicine sensitivities for people living at the home. There was written information about how people

preferred to have their medicines administered. For people living at the service who were managing and administering some of their prescribed medicines we noted there were recorded risk assessments in place, however, we noted some were in need of more frequent reviews.

We noted there was written guidance in place for staff to refer to about medicines prescribed for occasional administration (PRN) such as pain-relief and for people prescribed medicines for occasional administration to manage their psychological agitation or insomnia. However, there were no records about when PRN medicines for psychological agitation were used that indicated the circumstances and assured us that their use was justified. Therefore we could not be assured PRN medicines were being used appropriately and as intended by the prescriber.

We found that medicines for oral administration were stored securely for the protection of people who used the service. Daily temperatures monitoring and recording for the medicine refrigerator and room in which medicines were stored indicated medicines were stored within the accepted temperature limits.

We noted that members of staff authorised to handle and administer people's medicines had received training and had been assessed as competent to undertake medicine related tasks.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 24 April 2015	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010
	Management of medicines
	How the regulation was not being met: Adequate supplies of medicines were not always kept to ensure people received their prescribed medicines. There was inadequate guidance for staff members regarding the administration of psychotropic medicines. Risk assessments were not updated frequently enough. (Regulation 13)

For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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